



6-28-06

ATTORNEY DOCKET NO. 05145.0008U1

EXPRESS MAIL NO. EL970607738US

PATENT

2613 \$ CC  
TFW

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Jayant *et al.*

Application No.: 09/902,995

Filed: July 11, 2001

For: "SYSTEM AND METHOD FOR  
CALCULATING AN OPTIMUM  
DISPLAY SIZE FOR A VISUAL  
CALCULATING AN OPTIMUM  
OBJECT"

Confirmation No.: 1924

Group Art Unit: 2613

Examiner: Tung Vo

RESPONSE TO OFFICE ACTION TRANSMITTAL

## MAIL STOP AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450


NEEDLE &amp; ROSENBERG, P.C.

Customer Number 23859

Sir:

Transmitted herewith are the following in the above-identified application:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Response / Amendment    | <input checked="" type="checkbox"/> Petition to Extend Time        |
| <input checked="" type="checkbox"/> Fee as calculated below | <input type="checkbox"/> Supplemental Declaration                  |
| <input type="checkbox"/> No Additional Fee Required         | <input type="checkbox"/> Terminal Disclaimer                       |
| <input type="checkbox"/> Corrected Drawings                 | <input checked="" type="checkbox"/> Other: <u>Return Postcard.</u> |

CLAIMS AS AMENDED								
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE		ADDITIONAL FEE	
Total Claims	51		51		0	X \$50.00		\$0.00
Independent Claims	5		5		0	X \$200.00		\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim						+ \$360.00		\$0.00
EXTENSION FEE	1 <sup>st</sup> Month \$120 <input type="checkbox"/>	2 <sup>nd</sup> Month \$450 <input type="checkbox"/>	3 <sup>rd</sup> Month \$1020 <input checked="" type="checkbox"/>	4 <sup>th</sup> Month \$1590 <input type="checkbox"/>	5 <sup>th</sup> Month \$2160 <input type="checkbox"/>			\$1,020.00
<input checked="" type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -								- \$510.00
<b>Total Fee Due</b>								<b>\$510.00</b>

Payment:

- ☐ A check in the amount of \$ \_\_\_\_\_ is enclosed.
- ☒ Payment by credit card in the amount of **\$510.00** for the fees designated above.  
(Form PTO-2038 enclosed).  
(WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.)
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$ \_\_\_\_\_ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,



Charley F. Brown, Registration No. 52,658

NEEDLE & ROSENBERG, P.C.  
Customer Number 23859  
(678) 420-9300 (Telephone)  
(678) 420-9301 (Facsimile)